

CLAIMS ONLY						Application Number 10649449	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	I					51			
2		I				52			
3						53			
4		I				54			
5		I				55			
6	I					56			
7		I				57			
8		I				58			
9		I				59			
10		I				60			
11		I				61			
12		I				62			
13		I				63			
14		I				64			
15		I				65			
16	I					66			
17		I				67			
18		I				68			
19		I				69			
20		I				70			
21	I					71			
22		I				72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	4					Total Indep			
Total Depend	18	←	←	←		Total Depend	←	←	←
Total Claims	22					Total Claims			